2003

Unassigned

October 28,

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attorney Docket Number SMART1 **DECLARATION FOR UTILITY OR** STULTS, Larry W. DESIGN First Named Inventor PATENT APPLICATION COMPLETE IF KNOWN

Filing Date

Application Number

(37 CFR 1.63)

OP

Declaration

Submitted ofter Initial

Declaration

Submitted

with Initial	Filing (surcharge	Group Art Uni	it Unas	Unassigned							
Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	ne Unas	signed							
As a below name inventor, I he	ereby declare that:										
·	•	tated helow next to my r	name								
My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural											
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
REMOTELY ACTIVATED, MULTIPLE STAGE ALARM SYSTEM											
(Title of the Invention)											
the specification of which											
is attached hereto											
OR											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number and was amended on (MM/DD/YYYY) (if applicable)											
<u> </u>	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendment	amended by any amendment specifically referred to above.										
I acknowledge the duty to dis	sclose information which is	s material to patentabil	lity as defined in 3	7 CFR 1.56.							
certificate, or 365(a) of any	PCT international applicati	tion which designated a	at least one country	plication(s) for patent or inventor's ry other than the United States of							
America, listed below and hav or of any PCT international app	ve also identified below, by	checking the box, any	foreign application	n for patent or inventor's certificate.							
Or or mily 2 O 2	hitemon imiting a many and	, bototo unit or are app	bauon on winon p.	Office is cidinical.							
Di- F-min- Application	T	Posts Pitter Date	n	Certified Copy Attached?							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES NO							
1		!									
	1	!									
			L								
	tion numbers are listed on a										
I hereby claim the benefit unde Application Number(s)	er 35 U.S.C. 119(e) of any U		application(s) lister	d below.							
60/441,114	01/17/200		T Additional	provisional application							
· · · · · · · · · · · · · · · · · · ·	V	Ĭ l L		provisional application re listed on a							
ı			supplement	tal priority data sheet							
				2B attached hereto.							
				!							

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OBM 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Number Parent Filing Date (MM/DD/YYYY) (if applicable)														
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent														
and Trademark	COffice cor	mected then	ewith: 🔀	Customer numb	er [00	06980						Place Customer		
OR Registered practitioner(s) name/registration number listed below Label here														
	Nan	ne		Registration	n Numi	ber			Name	e Registration				
	····											Number		
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.								••						
Addition	al register			1 on supprement	al Kegis	terea	Ртасппон	ar inio	rmation s	heet PIO	/SB/02	2C attached	1 hereto.	
Direct all correspondence to: Customer number or Bar Code Label OR Correspondence address below											ss below			
Name	Charles	L. Warn	er II											
Address	Troutm	an Sande	rs LLP											
Address	600 Pea	ichtree St	reet, Suite	e 5200										
City	Atlanta				· · · · · · · · · · · · · · · · · · ·	T	State GA ZIP			ZIP	303	08		
Country	US			Telephone	404-8	885-3275 FAX				404-962-6723				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sol	e or First	Inventor:				□ A	petition l	has be	æn filed f	for this w	nsigne	d inventor		
	Given N	ame (first a	nd middle [i	if anyl)					Family ?	Name or !	Surnan	 ne		
Given Name (first and middle [if any]) Larry W. Stults														
Inventor's Signature SMHU		W. St	all,	4			101		Date 03					
Residence: City Cary State		State	NC		Countr	y t	US		Citiz	enship	US			
Post Office Address 416 Livingstone Drive														
Post Office Address														
City	ity Cary			State	NC	ZIP 27513 Country			itry	y US				
Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname								
Brent E.				Routman								
Inventor's Signature	But 6					Date						
Residence: City	Minnetonka State MN			Country US				Citiz	zenship	US		
Post Office Address	11808 Douglynn Drive											
Post Office Address												
City	Minnetonka	State	MN	ZIP	ZIP 55343		Count	Country US				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsign							unsign	ed invento	or			
Given Name (first and middle [if any])				Family Name or Surname								
Jeremy P.					Shapiro							
Inventor's Signature	Leveny P. Shap				ino				ate	iolislos		
Residence: City	Shaker Heights	Stat	te OH		Country US			Citiz		US		
Post Office Address	2669 S. Belvoir Blvd.											
Post Office Address												
City	Shaker Heights State OH			ZIP	44122 Cou		ntry US					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor)r					
Given Name (first and middle [if any])					Family Name or Surname							
Nicholas P.					Johns							
Inventor's Signature	Morien F)	Va	>					ate 2 03			
Residence: City	Minneapolis	Stat	MN		Country	y US		Citize	enship	US		
Post Office Address	1117 Marquette Avenue, #2 101											
Post Office Address												
City	Minneapolis	Sta	ate MN		ZIP	55403	Cour	itry	US			

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.